CLAIMS ONLY

Application Number: 10/672486

Filing Date:

Applicant(s):

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	I						51						
2		I					52						
3		I					53						
4		I					54						
~~5~~							55						
6		I					56						
7		I					57						
8	I						58						
9		I					59						
10		I					60						
11		I					61						
12		I					62						
13		I					63						
14		I					64						
15		I					65						
16	I						66						
17		I					67						
18		I					68						
19		I					69						
20		I					70						
21	I						71						
22		I					72						
23		I					73						
24		I					74						
25		I					75						
26		I					76						
27	I						77						
28		I					78						
29		I					79						
30		I					80						
31		I					81						
32		I					82						
33	I						83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	6						Total Indep						
Total Depend	26						Total Depend						
Total Claims	32						Total Claims						